

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. <i>09936726</i>	FILING DATE
						APPLICANT(S)	
						CLAIMS	
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND
1	/						1
2		/					/
3		/					/
4	2						/
5	7						/
6							
7	/						/
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14				1			
15							
16		1					
17		1					
18		1					
19		1					
20		1		1			
21		1		1			
22	2		2				
23	2		2				
24	2		2				
25	1		1				
26	1		1				
27			1				
28		1		1			
29	2		2				
30	1		1				
31	1		1				
32	1						
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43							
44							
45				1			
46				1			
47				1			
48				1			
49				1			
50				1			
TOTAL IND.	2	1	3	1			
TOTAL DEP.	39	1	44	1			
TOTAL CLAIMS	41	1	47	1			

  

IND	DEP	IND	DEP	IND	DEP	IND
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